

15

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

v.

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

Case:2:21-cv-11935  
Judge: Berg, Terrence G.  
MJ: Patti, Anthony P.  
Filed: 08-19-2021 At 04:17 PM  
CMP WEBSTER V. HEAD ET AL (DA)

Jury Trial: ☒ Yes ☐ No  
(check one)

**Complaint for a Civil Case**

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name JOSEPH WEBSTER  
 Street Address 13139 Chandler Park Drive  
 City and County Detroit, ~~MI~~ ~~48213~~ WAYNE  
 State and Zip Code Michigan 48213  
 Telephone Number NONE  
 E-mail Address NONE

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name DR. JOHN HEAD  
 Job or Title (if known) PSYCHIATRIST  
 Street Address 6309 MACK AVENUE  
 City and County DETROIT - WAYNE  
 State and Zip Code MICHIGAN 48207  
 Telephone Number (OFFICE) 313-618-3502  
 E-mail Address (if known) ?

**Defendant No. 2**

Name MICHAEL C. EAGEN  
 Job or Title (if known) PAROLE BOARD MEMBER  
 Street Address Stevan T. Mason Bldg - P.O. Box 30003  
 City and County LAUSING - ?  
 State and Zip Code MICHIGAN - 48909  
 Telephone Number ?  
 E-mail Address (if known) ?

— vto Barely readable  
 van section IV Relief:  
 Please enjoin Eagen  
 from enforcing 3.0  
 and 3.5 of Exhibit #1.

Code # 362

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

## Defendant No. 3

Name

HIEDI E. WASHINGTONJob or Title  
(if known)DIRECTOR - MICH DEPT OF CORRECTIONS

Street Address

STEVEN T. MASON Bldg - P.O. Box 30003

City and County

Lansing - ?

State and Zip Code

Michigan - 48909

Telephone Number

?E-mail Address  
(if known)?

## Defendant No. 4

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address  
(if known)**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

- ① Defendant Dr. John Head, Suit Code 362, Constitutional Tort, Personal Injury - medical malpractice  
 ② Defendant Michael C. Eagen, conjugation ?  
 ③ Defendant Heidi B. Washington, Code 895 - F.O.D.A.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

**1. The Plaintiff(s)**

**a. If the plaintiff is an individual**

The plaintiff, (name) \_\_\_\_\_,  
 is a citizen of the State of (name) \_\_\_\_\_.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_,  
 is incorporated under the laws of the State of (name) \_\_\_\_\_,  
 and has its principal place of business in the  
 State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)**

**a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of the  
 State of (name) \_\_\_\_\_. Or is a citizen of (foreign  
 nation) \_\_\_\_\_.

**b. If the defendant is a corporation**

The defendant, (name) \_\_\_\_\_, is incorporated  
 under the laws of the State of (name) \_\_\_\_\_, and  
 has its principal place of business in the State of (name) \_\_\_\_\_.  
 Or is incorporated under the laws of  
 (foreign nation) \_\_\_\_\_, and has its principal place  
 of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

*See attached Next 5 pages.*

## III Statement of Claim

① During the two separate Parole Periods — 7/3/18 thru 5/23/19, and 8/18/20 thru the present Date 8/8/21 — Defendant Dr. John Head has been assigned through Michigan Parole Authorities to oversee my Psychiatric Needs. Special Parole Condition 3.0 Authored By Parole Board member Michael C. Eagon makes it mandatory that I submit to any medication Prescribed By a Licensed Physician. Throughout the entire two parole Periods given above, Dr. Head has Ordered that I submit to an injection of 200 mg of a Powerful Anti-psychotic called Haldol every two weeks. As will Be seen When Companion Cases are joined to this Claim, While Confined to a prison setting an Administrative Hearing, called a Panel Hearing, was available for Challenging medication Orders. But even in this Freer social environment provided By Parole Considerations, Dr. Head Has not even allowed simple Communications of Objections to forced injections, and he has further ordered the injections without ever having made a written psychiatric evaluation; unless he is relying on a <sup>secret</sup> evaluation which he has refused to allow me to participate in or have an opportunity to criticize.

② The Following six symptoms are examples of Haldol Poisoning: ① Pain & Discomfort  
(1)

- ② Inability to sit still, constant Rocking While in a seated Position, ③ Loss of Basic Thinking Skills, ④ Loss of memory, ⑤ Fatigue, and ⑥ embarrassing tremors.

③ In all my years of Being associated with Forced medications, I have never Been able to learn from a practicing Psychiatrist how his interests are served By using a Drug like Haldol, in justification of compelling ~~the~~ the side effects given immediately above. We do know that the standard a psychiatrist is suppose to overcome when petitioning forceful medication techniques, is that he must prove the existence of a Behavioral Disorder that has a recurring theme of Violence, and it is the element of Violence that ~~now~~ threatens the Order and security of a Prison Facility. My Prisoner file reflects no such supporting records, and it is only Decaying ~~overnight~~ Oversight that has allowed Psychiatrists to reach Beyond statutory limits to use even miniscule Behavioral Problems as an excuse to assign threats to a prison environment and, consequently, ~~Force~~ <sup>Force</sup> injections.

④ The considerations Being made By Defendant Eagon and Defendant Dr. Head aren't taking place in a prison setting, they involve the much freer environment of Parole. The United States Supreme Court has Observed that Parole involves a Consideration



of Elevated Trust. Also, Parole Papers issued by Defendant Michael C. Eagon stated that — Reasonable Assurance exists that the Prisoner will not Become a menace to society or to the Public safety... How then do Defendant Eagon and Defendant Dr. Head go from those sort of considerations to the opposite extreme where they are virtually saying — But you still represent such a recurring threat of Violence to the public that we need to force a powerful Anti-psychotic Down your throat Before he can turn you loose on Society; and you have to remember that it is the PATTERN OF VIOLENCE that is being medicated whether you doing it in Prison or in the Public Parole setting, i.e., you can't say that when you are ~~medicating~~ Faisting medication even on the parolee that it's Not in response to a Very specific Theme of Violence Because if it isn't the Pattern of Violence that's Being targeted, No other set of facts exists that allows the State Psychiatrist to assume responsibility to medicate that doesn't Violate the ~~the~~ U.S. Constitution. All other pretenses for medication By the psychiatrist are ~~unwelcome~~ unwelcome intrusions. They no longer have an interest to protect.

⑤ It is requested through Suit Code 895 that the Honorable Court take over Responsibility for the attached F.O.I.A. Request for Records from my prison files ① All psych evaluations, ② All panel hearing Records, and ③ all medication Orders, and that when doing so ~~the~~ Defendant — Order —



Director Heidi E. Washington to Fully  
disclose and identify all illegible  
Signatures so that im not denied Access to Courts.

Respectfully submitted,  
Joseph Webster  
JOSEPH WEBSTER

III Statement  
of claim  
pg 6

8/15/21  
Joseph Webster  
13139 Chandler Park Drive  
Detroit, MI 48213

Ms. Heidi E. Washington  
Director - Mich Dep't of Corrections  
Steven T. Mason Bldg.  
P.O. Box 30003  
Lansing, MI 48909

Re: F.O.I.A. Request.

Dear Director Washington

- (1) Please Provide me with all copies of all psychological & psychiatric evaluations.
- (2) Please Provide me with all copies of all Panel Hearing Results.
- (3) Please provide me with all copies of all Orders for psychiatric medications and injections.

Sincerely,  
Joseph Webster

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- ① Defendant Dr. John Head is clearly as stated in the Statement of Claim, still carrying out the ~~Wrong~~ Alleged Wrongs Requesting (\$400,000) for 3 years of ~~Actual~~ Actual Damages and ~~Punitive~~ Punitive Damages (\$1,300,000)
- ② It is requested that the Hon. Court provide injunctive relief and order Defendant Michael C. Eagen to cease to condition the remainder of Plaintiff's Parole on special Parole Condition 3.0 which make mandatory medication when ordered by M.D. - Please Restrain.
- ③ Compel Defendant Washington to provide clear and legible ~~pages~~ records requested in relevant attachment. F.O.D.A. Suit Code ~~895~~ 895 in Order to protect my due process & Access to Courts Rights.

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

##### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: August 8, 2021.

Signature of Plaintiff

Printed Name of Plaintiff

Joseph Webster

JOSEPH WEBSTER

Request Immediate Ruling on Item 2 of Relief - Please Enjoin Eagen from enforcing 3.0 & 3.5 of Exhibit A

MICHIGAN DEPARTMENT OF CORRECTIONS  
NOTICE OF ACTION/MICHIGAN PAROLE BOARD

PP-182  
CAX-114  
Rev.02/2011  
4835-1114

<b>NUMBER</b> C-143704	<b>NAME</b> WEBSTER, JOSEPH	<b>LOCATION</b> MTU A-103B	<b>CONSIDERATION DATE</b> 7/20/2020
<b>ACTION</b> Parole or Parole Reinstatement	<b>REASON CODE</b> 61	<b>TERM (MOS)</b> 24 M	<b>NEXT ACTION DATE</b> 7/21/2020
		<b>INSTRUCTION</b> Non Fixed Date	<b>OFFICIAL DATE</b>

Actual release is subject to investigation and approval of the placement plan. Institutional misconduct could result in loss of parole.

**ACTION DESCRIPTION: REGULAR PAROLE**

**SPECIAL CONDITIONS:**

- 2.0 You must not use or possess alcoholic beverages or other intoxicants. You must not enter bars or other places where the primary purpose is to serve alcoholic beverages for drinking on site, unless the field agent has first given you written permission for your employment at a specific location.
- 2.1 You must complete outpatient or residential substance abuse treatment or Reentry program when you are referred by the field agent.
- 3.0** You must take medication as prescribed by a licensed physician.
- 3.2 You must complete a psychological evaluation when you are referred by the field agent.
- 3.3 You must complete mental health, domestic violence/batterer intervention, or other recommended treatment following assessment by a qualified community-based service provider.
- 3.4 You must complete the CMH AFTERCARE program.
- 3.5** You must waive confidentiality and allow any treatment program that you are required to attend to disclose information to the field agent.
- 4.16 You must obey all court orders.
- 4.2 Written consent to search the parolee's person and/or property, MCL 791.236(19): I voluntarily consent to a search of my person and property upon demand by a peace officer or parole officer. If I do not sign this written consent, I understand that my parole may be rescinded or revoked.
- 4.3 ~~You must reside in a~~ CMH AFTERCARE PLACEMENT upon your release to parole.
- 4.4 You must be in your approved residence between the hours of 11:00 p.m. and 6:00 a.m. unless excused by first obtaining written permission from the field agent.
- 7.1 You must pay the cost of your treatment program according to your ability as determined by the treatment program.
- 7.5 You must pay \$120 state cost as ordered by the sentencing court on the Judgment of Sentence. The state cost is payable when the parole order is entered, but may be paid in monthly installments to be determined by the field agent.
- 77.9 Pursuant to MCL 791.225a, as amended by Public Act 164 of 2019, you must pay a supervision fee of \$30 per month for each month of regular supervision or \$60 per month for each month of electronic monitoring supervision. You will not be required to pay a supervision fee to Michigan when you are being supervised in another state under the provisions of the Interstate Probation and Parole Compact, pursuant to MCL 793.103.

ENTERED BY: ADD

BY: 6 Michael C. Eagen

**FIELD OPERATIONS COMMENTS**

**PLACEMENT**

<b>LOCATION</b>	<b>ASSIGNED TO</b>	<b>DATE</b>	<b>REPORT DUE</b>
-----------------	--------------------	-------------	-------------------

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff WAYNE  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

County of Residence of First Listed Defendant WAYNE  
(IN U.S. PLAINTIFF CASES ONLY)

N Case:2:21-cv-11935  
A Judge: Berg, Terrence G.  
MJ: Patti, Anthony P.  
Filed: 08-19-2021 At 04:17 PM  
CMP WEBSTER V. HEAD ET AL (DA)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff  
☒ 3 Federal Question (U.S. Government Not a Party)  
☐ 2 U.S. Government Defendant  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP

(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice <b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS		
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from Another District (specify)  
☐ 6 Multidistrict Litigation - Transfer  
☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

Constitutional Tort - Medical Malpractice

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

\$1,700,000

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE 8/11/21 SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

**PURSUANT TO LOCAL RULE 83.11**

1. Is this a case that has been previously dismissed?

☐ Yes  
☒ No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes  
☒ No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

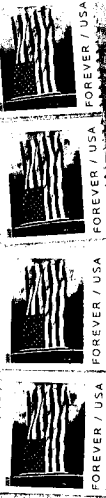
Judge: \_\_\_\_\_

Notes :

---



Joseph Webster  
13139 Chandler Park Drive  
Detroit, MI 48213



RECEIVED

AUG 19 2021

CLERKS OFFICE  
DETROIT

Mrs. David J. Warner  
Clerk of the Court  
United States District Court  
Eastern District of Michigan  
Southern Division  
231 West Lafayette Blvd  
Detroit, MI 48221